

<b>CLAIMS ONLY</b>						SERIAL NO.	FILING DATE
						APPLICANT(S)	
<b>CLAIMS</b>							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	2	↓		↓		↓	
TOTAL DEP.	0	←		←		←	
TOTAL CLAIMS	2						
* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS							